

## Intermediary Panel Appointment Form

Company Name .....

Contact .....

Telephone Number .....

Fax Number .....

E-Mail Address .....

Address .....

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Are you directly authorised with the FSA? Y/N

If yes, please provide your FSA registration number .....

If no, please provide below the name and address of the network to which you belong  
(please note, all procuration fees will be paid directly to the network in ALL cases)

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Signed .....

Position .....

Date .....